

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (46) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at https://example.com/ethics-counsel@state.in.us. You must be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE NOVEMBER 5, 2007	
	b.	REPORTING PERIOD [check box]: October 1 – March 31 April 1 – September 30	
2.	a ,	NAME OF CORPORATION/ENTITY Election Systems & Software, Inc.	
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS	
<u>-:</u>	,,	Matt Nelson	
3.	а.	ADDRESS Street or Rural Route City State Zip Code	
		11208 Calt Blvd.	
		Omaha, NE 68137	
	b.	PHONE NUMBER 402-593-0101 BYING INTERESTS	
4,	LOBBYING INTERESTS		
	a.	List the general subject area(s) lobbled, e.g., "healthcare," "Insurance," etc.	
		Election legislation	
	· · · · · · · · · · · · · · · · · · ·	The state of the s	
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc. Election equipment software	
		metron equipment software	

Bollid 440

Page 2 of 3 301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in

If you did not pay any lobbyist compensation during the reporting period, you may check the box marked "None", or you may instead check the range for "Less than \$10,000". If you are unsure whether you may have paid a portion of compensation for lobbying activities during the reporting period, then you should check the box for "Less than \$10,000." Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

a None	• • • • • • • • • • • • • • • • • • • •
	X Less Iljan \$10,000
□ At least \$10,000 but less than \$25,000	□ At least \$25,000 but less than \$50,000
□ At least \$50,000 but less than \$100,000 .	□ At least \$100,000 but less than \$150,000
c At least \$150,000 but less than \$200,000	□ At least \$200,000 but less than \$250,000
n At least \$250,000 but less than \$300,000	o At least \$300,000 but less than \$350,000
a At least \$350,000 but less than \$400,000	о \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000):

6. LOBBYIST NAMES. List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. Authority: T.C.A. § 3-6-303(a)(1).

LOBBYIST NAME	IN HOUSE LODGE
	IN-HOUSE LOBBYIST
Nathan Ridley	0
	ā
	.
	□

7. LOBBYING-RELATED EXPENDITURES

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessae. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying.

If you did not pay any lobbying expenses during the reporting period, you may check the box marked "None", or you may instead check the range for "Less than \$10,000". If you are unsure whether you may have paid minor expenses relating to lobbying activities during the reporting period, then you should check the box for "Less than \$10,000." Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)



5 None	XXLess than \$10,000
D At least \$10,000 but less than \$25,000	□ At least \$25,000 but less than \$50,000
o At least \$50,000 but less than \$100,000	☐ At least \$100,000 but less than \$150,000
□ At least \$150,000 but less than \$200,000	□ At least \$200,000 but less than \$250,000
a At least \$250,000 but less than \$300,000	© At least \$300,000 but less than \$350,000
n Af least \$350,000 but less than \$400,000	o \$400,000 or more, round the aggregate total to the nearest lifty thousand dollars (\$50,000):

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) (e.g., those eve he ıηţ

to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).	en, reported to the Commission pursua
None	
9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to	
I certify that the information contained in this Report is true and that it best of my knowledge, information and belief.	is a complete and accurate report to th
Signature of Person Completing Report	11-5-07
Print Name of Person: Matthew E. Nelson	Date
I, the undersigned, acknowledge that I have reviewed the foregoing I accurate to the best of my knowledge, information and belief.	Report and certify that is complete and
Signature of CEO, CFO or Authorized Representative	//- \(\sigma - 07\) Date
Print Name of Persent: [HOMA: OBAEN	
the undersigned, do hereby witness the (Printed Name of Witness) CFO or Authorized Representative, wh	above signature of the CEO, ich was signed in my presence,
Signature of Witness	11-5-07
	Date

